



Board of Optometry
 400 R Street, Suite 4090
 Sacramento, CA 95814
 Tel: (916) 323-8720/(800) 547-4576
www.optometry.ca.gov



Documentation of Collaborative Treatment of Glaucoma Patients

Authority: **Business and Professions Code Section 3041(f)(2).**

Name of Optometrist		License # of Optometrist
Mailing Address Line 1		Phone #
Mailing Address Line 2		
City	State	Zip
Name of Collaborating Ophthalmologist:		License # of Ophthalmologist:

Instructions: In order to receive a glaucoma certification, California licensed optometrists must demonstrate that they have collaboratively treated 50 primary open-angle glaucoma patients who are over 18 years old for a period of two years. This form may be used to document evidence that the California licensed optometrist and ophthalmologist listed above have completed collaborate treatment of the glaucoma patients listed below as required in Business and Professions Code Section 3041(f)(2). One form should be filed for each collaborating ophthalmologist.

Note: Optometrists wishing to obtain glaucoma certification must submit an "Application for Glaucoma Certification" form provided by the Board of Optometry.

	Patient First Name & Last Initial	Date of Provisional Diagnosis	Date Diagnosis Confirmed & Treatment Plan Approved	Date of First Annual Report	Date of Final Annual Report	MD Initials
1						
2						
3						
4						
5						

	Patient First Name & Last Initial	Date of Provisional Diagnosis	Date Diagnosis Confirmed & Treatment Plan Approved	Date of First Annual Report	Date of Final Annual Report	MD Initials
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

	Patient First Name & Last Initial	Date of Provisional Diagnosis	Date Diagnosis Confirmed & Treatment Plan Approved	Date of First Annual Report	Date of Final Annual Report	MD Initials
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Optometrist Signature					Date	
Ophthalmologist Signature					Date	